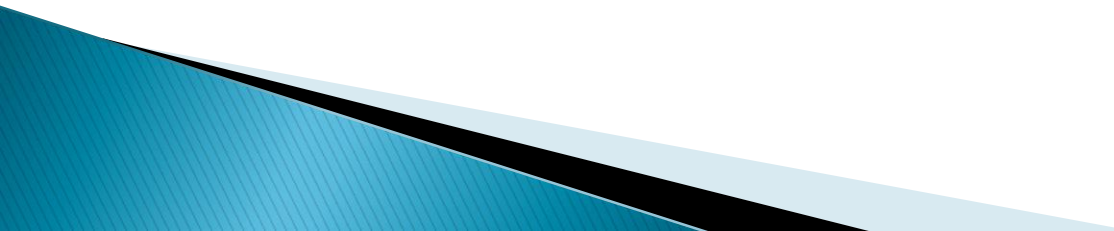


Coordinated Care Initiative Update for LTCIP Stakeholders

Ellen Schmeding
Aging & Independence Services
September 25, 2012




Coordinated Care Initiative

- ▶ Legislation (2012) creates new initiative:
 - Duals Demonstration: Health plans administer a voluntary three year demonstration – medical, behavioral health, skilled nursing and home & community-based care (HCBC)
 - Managed Medi-Cal Long Term Care Services & Supports: All Medi-Cal recipients must join a health plan to receive Medi-Cal benefits and HCBC
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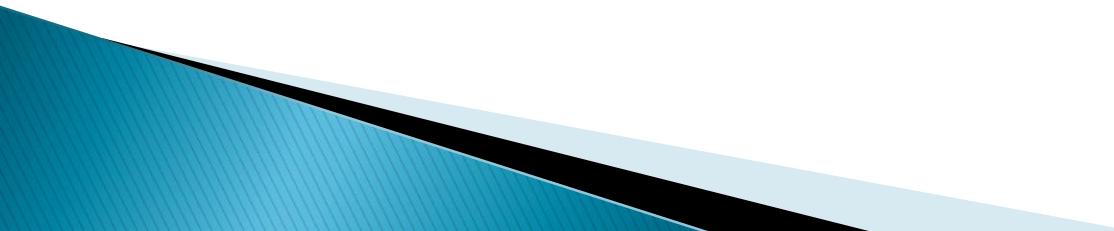
Legislation Update

- ▶ Governor's plan to roll out managed care throughout California did not pass (only 8)
- ▶ Significant consumer protections added
- ▶ Poison pills:
 - Cost sharing arrangement not approved by feds
 - Feds do not approve six month Medicare lock-in
 - Not cost effective
 - Does not benefit consumers
- ▶ Transition plan updates required October 1, 90 days prior to implementation and 60 days prior

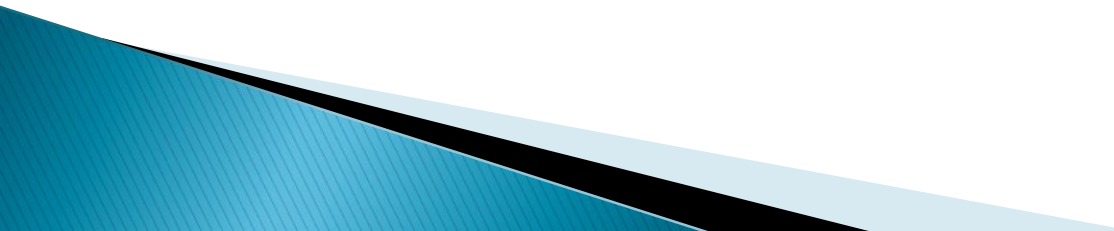
Integrated Services

- ▶ Medical Services
 - All Medicare and Medi-Cal services currently covered
 - ▶ Long-term care services and supports (LTSS)
 - Institutional Long-Term Care (SNF)
 - Personal care services/IHSS
 - Community Based Adult Services (CBAS) (formerly ADHC)
 - Multi-purpose Senior Services Program (MSSP)
 - Other services determined by health plans
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Carve Outs in Both Programs

- ▶ Children
 - ▶ Veterans Home residents
 - ▶ PACE enrollees
 - ▶ AIDS Healthcare Foundation enrollees
 - ▶ Other health coverage
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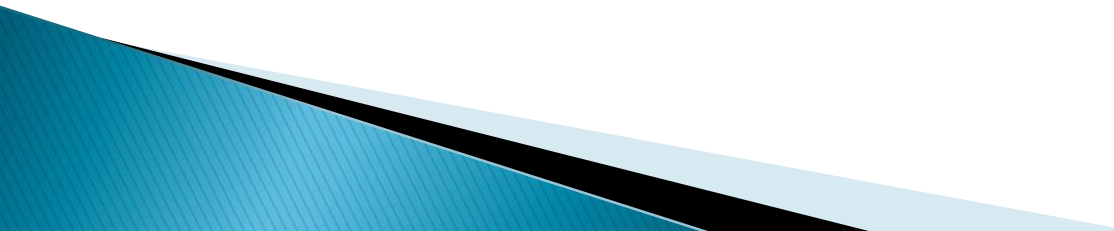
Behavioral Health

- ▶ Services will be coordinated
 - Plans to cover services traditionally paid for by Medicare (doctor's visits, hospitalizations)
 - County to cover specialty Mental Health services
 - Incentives/shared savings pools for defined outcomes
 - May be integrated in later years
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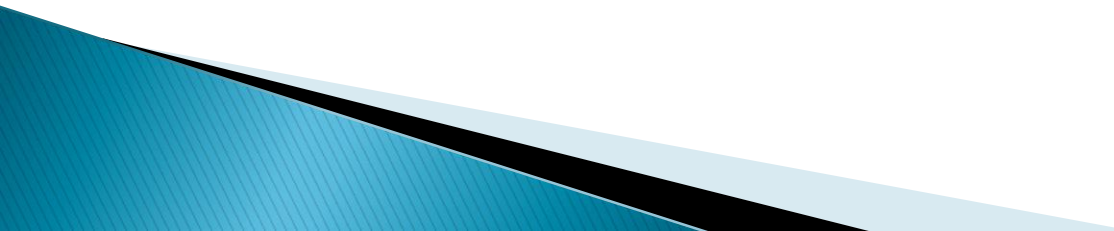
County – Public Authority Role

- ▶ Health plans to establish MOU for services including:
 - In-Home Supportive Services – client continues to hire, fire & supervise care provider
 - County social worker performs assessments
 - Public Authority provides registry, training, provider enrollment, payroll
- ▶ Multipurpose Senior Services Program: Case Management services provided by County
 - January 2015, MSSP becomes managed care benefit
 - Requires contract between plans & county


IHSS – Managed Care Benefit

- ▶ In order to receive IHSS in the future, recipients must be a part of managed care.
 - ▶ Plans can request and pay for additional IHSS above what the county has authorized.
 - ▶ Managed Care entity to contract with State for management of payroll, employer-related functions, quality assurance.
- 

IHSS Authority – new entity formed

- ▶ Legislation has established the California IHSS Authority (Statewide Authority)
 - ▶ Entity to take over collective bargaining for IHSS providers
 - ▶ Begins for each county when State certifies all Medi-Cal recipients have shifted to managed care (March–June 2014)
 - ▶ Authority – 2 county reps, 3 state dept. reps
 - ▶ Includes an advisory group – 50% consumers
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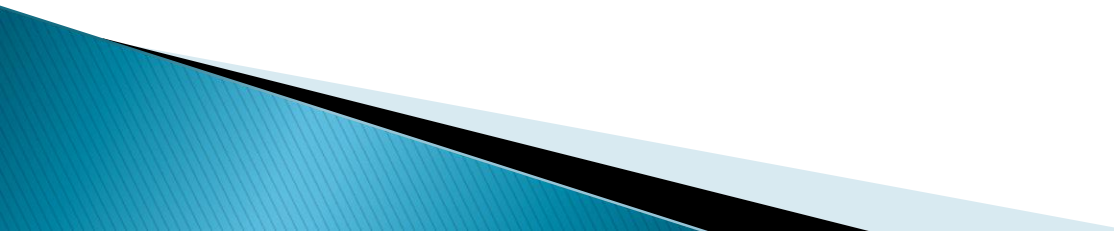
Universal Assessment Tool

- ▶ Need for assessment tool for home & community based services
 - ▶ Stakeholder design process to begin June 2013
 - ▶ Implementation no earlier than January 2015 in 2–4 counties
 - Will be used for day care, MSSP, IHSS
 - Will not be used in skilled nursing facilities
 - Will not replace plans' risk assessment
- 


HCBC Plan Benefits

- ▶ The following benefits may be required – TBD by stakeholders and the Department of Health Care Services:
 - In-Home & out-of-home respite
 - Nutritional Assessment, counseling & supplements
 - Minor home repair
- ▶ Ability to offer value added services determined during rate-setting

Person Centered Care Coordination

- ▶ Health plans to identify individuals through risk assessment process
 - ▶ Individual has primary decision-making role in identifying care needs, preferences and strengths
 - ▶ Interdisciplinary teams, including the care recipient, to identify needs
 - ▶ Plans to provide care management/care coordination to include Long Term Care Services & Supports
 - ▶ Will include MSSP-like services
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Communication with Consumers

- ▶ 90 days before enrollment, recipients to receive informing notice
 - ▶ Enrollment materials to be shared 60 days prior to enrollment
 - ▶ Reminder notice 30 days prior to start date
 - ▶ Communications must be offered in a variety of languages and formats
 - ▶ CBOs will need to assist with the educational process
 - ▶ Federal funds may be available for enrollment assistance (HICAP)
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Timeline

April 2012	DHCS announces sites – San Diego chosen
April 2012	DHCS releases Dual Eligible Demonstration Proposal/Coordinated Care Initiative
May 2012	DHCS submits proposal to feds (30-day public comment period begins)
October 2012	CMS (feds) approve proposal MOU between State/feds completed
October/November 2012	Health plans readiness reviews
December 2012	Contracts completed between plans, State & feds
June 2013	Coordinated Care Initiative begins in CA